

## VACCINE INFORMATION STATEMENTS ORDER FORM

Vaccine Information Statements are supplied 50 per pad.

VACCINE INFORMATION STATEMENT	Pads English	Pads Spanish
Diphtheria, Tetanus, and Acellular Pertussis Vaccine ( <b>IM-DTaP</b> ) Diphtheria, Tetanus, and Acellular Pertussis Vaccine - Spanish ( <b>IM-DTaP-Sp</b> )		
Haemophilus Influenzae Type b Vaccine ( <b>IM-Hib</b> ) Haemophilus Influenzae Type b Vaccine- Spanish ( <b>IM-Hib-Sp</b> )		
Hepatitis B Vaccine ( <b>IM-HBV</b> ) Hepatitis B Vaccine - Spanish ( <b>IM-HBV-Sp</b> )		
Measles, Mumps, and Rubella Vaccines ( <b>IM-MMR</b> ) Measles, Mumps, and Rubella Vaccines - Spanish ( <b>IM-MMR-Sp</b> )		
Polio Vaccines ( <b>IM-IPV</b> ) Polio Vaccines - Spanish ( <b>IM-IPV-Sp</b> )		
Tetanus and Diphtheria Vaccine ( <b>IM-Td</b> ) Tetanus and Diphtheria Vaccine - Spanish ( <b>IM-Td-Sp</b> )		
Chickenpox Vaccine ( <b>IM-VAR</b> ) Chickenpox Vaccine - Spanish ( <b>IM-VAR-Sp</b> )		
Pneumococcal Conjugate Vaccine ( <b>IM-PCV7</b> ) Pneumococcal Conjugate Vaccine - Spanish ( <b>IM-PCV7-Sp</b> )		

Order to be mailed to:

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street Address - Please do not use P. O. Box)

Phone: \_\_\_\_\_

(In case we need to contact you concerning your order.)

Please mail or fax to:

Virginia Department of Health  
 Division of Immunization  
 P. O. Box 2448 - Room 314-West  
 Richmond, Virginia 23218

FAX: (804) 864-8089

**NOTE: This section for Division of Immunization ONLY.**

Date Order Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Order Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_